

FURLOUGH REFERRAL AND APPLICATION FORM

TYPE OF FURLOUGH REQUESTED (check one)

☐ **Family Emergency** ☐ **Ch. C. Art. 897.1** ☐ **Standard**
REFERRAL BY STAFFING COMMITTEE

(To be completed at staffing)

Youth: _____ DOB: _____ Client ID # _____

Date of Direct Admission: _____ Facility: _____ Dorm: _____

Date of Transfer to Current Facility: _____

Full-Term Date: _____ Committing Court: _____

Judge(s): _____

Estimated Program Completion Date: _____

Committing Offense(s): _____

Amount of Time at Facility: _____ % of Sentence Served: _____ (897.1 only)

Pending Charges: _____

Detainers: _____

Prior(s) Resulting in Placement/Commitment: _____

Escape History: _____

CUSTODY CLASSIFICATION LEVEL HISTORY:

Current Custody Level: _____ Classification Date: _____

Previous Custody Level: _____ Classification Date: _____

CODE OF CONDUCT REVIEW: (Attach COC/Assault database printout for previous 12 months where appropriate.)

Number violations within most recent 30 days: _____

Most serious (or pending) infraction: _____

Restrictions / Consequences imposed: _____

Number violations within previous 30 days: _____

Most serious (or pending) infraction: _____

Restrictions / Consequences imposed: _____

Number violations within past 6 months: _____

Most serious (or pending) infraction: _____

Restrictions / Consequences imposed: _____

Recommended length of furlough: _____

UNIT MANAGEMENT TEAM REVIEW

(To be completed by Unit Management Team)

Referral received by (member of Unit Management Team): _____ Date: _____

If youth is currently identified as having a serious mental illness (SMI), are there any concerns that would impact furlough participation? _____
_____Are there concerns regarding psychotropic medication(s)? _____
_____If youth currently has a medical condition, are there any concerns that would impact furlough participation? _____
_____Are there concerns regarding any medications? _____

PROGRAM PARTICIPATION (Provide program information relative only to needs identified in treatment plan):

	<u>Name of Program</u>	<u>Facilitator's Name</u>	<u>Progress</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Comments: _____

Attach the most recent quarterly/monthly progress reports.

Educational and Vocational Performance/Needs: _____
_____Furlough Consistent with Aftercare / Release Plan: _____
_____**HOME ENVIRONMENT and SUPPORT**☐ Yes ☐ No Is the environment suitable for the youth to have the support and supervision needed for a furlough?☐ Yes ☐ No Has the youth received any mail, packages, telephone calls or other correspondence from his/her parent/responsible family member within the past 30 days?☐ Yes ☐ No Does CBS indicate that the home and home environment are suitable for the youth to return to for a placement upon release from secure custody?

C.4.1 (a)

☐ Yes ☐ No If so, does CBS object to the youth being checked out by the legal guardian for an off-campus restricted visit to the facility domicile area?

☐ Yes ☐ No Has the parent/responsible family member participated in three Family Reintegration Sessions with the last most recent being in the last 30 days at the facility?

☐ Yes ☐ No Has the youth received a visit from the parent/responsible family member within the past 90 days? (Please note type and dates below)

_____ Regular Visitation: _____

_____ Family Therapy Visit: _____

_____ On or Off Campus Visit: _____

_____ Special Visit: _____

Can approved parent/responsible family member provide transportation to and from facility? ☐ Yes ☐ No If yes, who? _____

If no, what arrangements will be made for transportation of the youth? _____

Will youth be required to wear an Electronic Tracking Device while on furlough?

☐ Yes ☐ No

If yes, what is the name, phone number and office address of the individual who will be tracking the youth? _____

Curfew from: _____ to: _____

(If blank, curfew begins at 6:00 p.m. and ends at 7:00 a.m.)

Furlough to begin on: _____ end on: _____
Date Time Date Time

Activities to be completed while on furlough:

1. _____
2. _____
3. _____
4. _____
5. _____

Appointments to be kept while on furlough:

1. _____ with Whom: _____
2. _____ with Whom: _____
3. _____ with Whom: _____

MEMBERS OF UNIT MANAGEMENT TEAM:

_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date
_____ Name	_____ Title	_____ Date

<i>Is FURLOUGH recommended?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Group Leader's Signature_____
Date

<i>FURLOUGH:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Facility Director's Signature
(Deputy/Assistant Director if Facility Director is absent)_____
Date

<i>FURLOUGH:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Regional Manager/OJJ (if applicable)_____
Date

<i>FURLOUGH:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Regional Director/OJJ (if applicable)_____
Date

<i>FURLOUGH:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Deputy Secretary/designee/OJJ_____
Date

<i>FURLOUGH:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
